There are four levels of review for grievances and appeals:

First time contact: **Phone or written, in which the inquirer questions contract provisions, quality of care, or service complaint. The Customer Satisfaction Advocate will advise the caller they will review the inquiry again.**

First Level Review: **If a member is unable to resolve a contractual or quality of care issue informally with the help of the Customer Satisfaction Advocate, the member may request a formal review. A formal request for review may be accepted from the member, member's designee, or provider in writing or by phone within 180 calendar days of receiving the initial determination. The inquiry will be forwarded to our Customer Advocate Unit for further research and response.**

Appeal: **If the denial is for medical necessity or experimental investigative, a formal request for review may be accepted from the member, member's designee, or provider in writing or by phone within 180 calendar days of receiving our determination. The inquiry will be forwarded to our Customer Advocate Unit for further research and response**

Final Review: **For self-funded groups, the member may make a final appeal to the group.**